CLASS C AMENDMENT FORM

File the original with:

(Telephone Number)

252546

Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: <u>9/15/2014</u>	2013.68-T 2014-365-T
I have the following Certificate:	2014-365-T
Class C Taxi # Class C Charter # 8720 Class C Charter Bus #	
Class C Non-Emergency #	
Please consider this as my request for the following amendment(s) to my Certificate:	
Name Change	
From: Lakeya Jones	DBA: Charleston Professional Transportation
(Current Name)	(Current DBA if applicable)
TO: Lakeya Jones D	BA: LS Transportation
(New Name)	(New DBA if applicable)
Scope of Authority	
From:	To:
(Current Scope)	(New Scope)
Passenger Limit	
_	To:
(Current Limit Number)	(New Limit Number)
Lakeya Jones/ LS Transportation	4505 Out wood Drive
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)
Ladson SC 29456 (City, State, Zip Code)	(Signature)
(City) Clatte, Lip Code)	July 1911
(843) 534-3976	Owner

(Title) Owner, President, etc.